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ROYAL BURGH OF RUTHERGLEN

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1950

BY

NAIRN R. COWAN,

B.Sc., M.D., D.P.H., D.I.H.

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Public Health Department,
Rutherglen.
July, 1950.

To the Provost, Magistrates and Councillors
of the Royal Burgh of Rutherglen, and to
the Department of Health for Scotland.

Mrs Hastie and Gentlemen,

I have the honour to submit the Annual Report on the health of the Royal Burgh of Rutherglen in accordance with instructions contained in D.H.S. Circular Number 112/1950.

In this Report I have dwelt at some length on tuberculosis which remains not only a major community disease, but also a major community problem. I consider that no statistical analysis, however, can even remotely convey to the reader the amount of distress, suffering and economic difficulty to which the unhappy family is subjected where a case of tuberculosis occurs, more especially if the person affected is the bread winner. I feel that only those who actually carry out the domiciliary visitations can fully appreciate this situation.

It is most gratifying to report that the infantile mortality rate of 23 is not only the lowest ever recorded for the Burgh in any one year, but is also the lowest for the 24 large burghs.

Concerning infectious diseases there was a marked increase in the number of cases of measles notified. On the other hand the number of scarlet fever cases for the year, namely 19, is the lowest on record for the Burgh.

The problems relating to the welfare of the aged more especially the chronic sick must increase with the passing of time. In this connection the co-ordinated work of the Home Helps, District Nurses and the Health Visitors has been of untold value.

I wish to express my sincere thanks to all Members of the Town Council and in particular to the Convener and Members of the Public Health Committee for their support and interest; to the other Officials of the Burgh, general practitioners and the staff of the Public Health and Welfare Departments.

I am, Mrs Hastie and Gentlemen,

Your obedient Servant,

NAIRN R. COWAN,
Medical Officer of Health.

REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1950

VITAL STATISTICS

Area of the Burgh	1,046 acres
Population estimated to middle of 1950	24,953
Density of population per acre	23.85

	Corrected Numbers	Rate per 1000 of Estimated Population
Live Births (including Illegitimate)	395	15.8
Live Births (Illegitimate)	12	3.0 (a)
Still-Births	14	34 (b)
Deaths—All Causes	330	13.2 (d)
Tuberculosis (All Forms)	17	0.68
Tuberculosis (Respiratory System)	15	0.60
Principal Epidemic Diseases	3	0.12
Children under one year	9	23 (c)
Children under one month	7	17.7 (c)
Maternal Deaths	2	4.9 (b)

(a) Rate per 100 live births.
(b) Rate per 1,000 total births (including still-births).
(c) Rate per 1,000 live births.
(d) Rate adjusted for age and sex distribution. —14·5

POPULATION

The estimated population of 24,953 shows a decrease of 302 in relation to last year's figure.

The natural increase of population is 65. This shows an increase of 39 over last year's figure, but is below the average of 82 for the last ten years.

BIRTHS

During 1950 the number of births registered in the Burgh was 120. After correction it became 395 of which 189 were males and 206 were females. The birth rate of 15.8 is low (twentieth) in comparison with the other large burghs. Last year's rate was 16.0 and the average for the last five years is 16.9.

Table 1.

Age Group	Principal Causes of Death		Total Deaths
Under 1	Prematurity, congenital debility and congenital malformation	4	
	Gastro-enteritis	2	9
		6	
1 to 4	Tuberculous meningitis	1	3
5 to 14	Pneumonia	2	2
15 to 24	Pulmonary tuberculosis	4	7
25 to 44	Heart disease	8	
	Cancer	6	23
	Pulmonary tuberculosis	3	
		17	
45 to 64	Heart disease	37	
	Cancer	18	
	Respiratory diseases (excluding tuberculosis)	12	88
	Pulmonary tuberculosis	6	
	Nervous System diseases	6	
		79	
65 to 74	Heart disease	29	
	Nervous System diseases	20	
	Cancer	14	89
	Respiratory diseases	10	
		73	
75 to 84	Heart disease	43	
	Nervous System diseases	16	88
	Cancer	11	
	Respiratory diseases	4	
		74	
85 and Over	Heart disease	10	
	Respiratory diseases	5	21
		15	

Illegitimacy.—The number of illegitimate births in 1950 was 12, giving a rate of 3.0. While this rate is slightly higher than that for 1949 it is better than the figure for all Scotland (5.2) or for the large burghs (5.2). This year the Burgh is in the satisfactory position of having the second lowest rate of any of the 24 principal towns in Scotland.

Still-Births.—Still-births numbered 14 giving a still-birth rate of 34. This is to be compared with 27 for Scotland and 28 for the large burghs, of which it is the fourth worst rate.

Difficult labour was responsible for 7 of the still-births while the remainder were due to causes pre-existing at birth.

MARRIAGE RATE

274 marriages took place in the Burgh during the year giving a rate of 11 per thousand of the population. This is a slight increase over the corresponding figures for 1949.

INFANTILE MORTALITY

The infantile mortality rate for the year was 23 which was the lowest of any large burgh in Scotland. It is to be compared with a rate of 39 for all Scotland and 40 for the large burghs. The infantile mortality rate of 23 is the lowest ever recorded in the Burgh and the previous lowest rate was 34 recorded in 1939.

DEATHS

In 1950 the total number of deaths registered in the Burgh was 224. There remains to be added 112 deaths of Burgh residents occurring in institutions and elsewhere outwith the Burgh, and to deduct six deaths registered in the Burgh of non-Burgh residents giving a corrected total of 330 deaths made up of 165 males and 165 females. The death rate adjusted for age and sex distribution is 14.5.

The causes of death classified according to the systems affected are as follows:—

Diseases of the Circulatory System (Heart and blood vessels)	137
Malignant tumours (Cancer)	49
Diseases of the Nervous System	44
Diseases of the Respiratory System	33
Diseases of the Genito-Urinary System	13
Diseases of the Digestive System	10

The above classification shows that diseases of the circulatory system head the list by a large margin. Cancer in its various forms takes second place and is followed closely by diseases of the nervous system.

In Table 1 the main causes of death are shown in relation to specific age groups.

Prematurity was a most important factor as a cause of death in infancy. Of the 9 infants who died one lived four months and another two months, while the average period of survival of the remaining 7 was 26 hours.

Of the three deaths which occurred in the one to four years age group one was due to tuberculous meningitis.

The two deaths which occurred in children of school age were due to pneumonia.

In adolescence and early adult life the main killing disease was pulmonary tuberculosis.

During the major working years of life (25 to 64 years) the main causes of death were heart disease and cancer. Pulmonary tuberculosis was responsible for 8.1 per cent. of deaths in this age group—a factor of real importance.

In the elderly the principal causes of death were heart disease, nervous system disease and cancer in that order; while in those over 85 years of age respiratory diseases took second place to heart disease.

MATERNAL DEATHS

There were two such deaths in 1950, none of which were due to puerperal infection.

CARE OF MOTHERS AND YOUNG CHILDREN

The Clinics provided by the Local Health Authority and the work undertaken is as follows:—

A—Ante-natal and Post-natal Service.

		Ante-natal	Post-natal
(1)	Number of Clinics provided at the end of the year whether held at Child Welfare Clinic or other premises	1	1
(2)	Number of Clinics provided by voluntary bodies	—	—
(3)	Number of women who attended at the Clinics during the year	142	37
(4)	Total number of attendances made by women during the year	179	82

With regard to (3) and (4) the figures given represent Health Visitor consultations. The mothers are referred to the Clinics of the Royal Maternity Hospital, Glasgow.

B—Child Welfare Clinics.

(1)	Number of Clinics provided by the Local Health Authority	1
(2)	Number of Clinics provided by voluntary bodies	—
(3)	Number of children who first attended the Clinic during the year and who on the date of their first attendance were:—	
	(a) Under 1 year of age	291
	(b) Over 1 year of age	50
(4)	Total number of attendances made during the year by children who at the end of the year were:—	
	(a) Under 1 year of age	3319
	(b) Over 1 year of age	667

Note:—"Clinics" means Clinic premises, not sessions.

The above details show that the Child Welfare Clinic is well attended by the children and their mothers. Every effort is made to put the mothers at their ease and maximum opportunity is provided for mothers to unburden their cares to the staff. Constructive listening is of the greatest value and in this respect the health visitor has the unique opportunity of being the confidant and guide of the young mother.

The various defects noted at the Clinic were:—

Skin conditions	71
Respiratory conditions	65
Digestive disturbances	51
Eye conditions	24
Ear, nose and throat conditions	14
General debility	9
Glandular enlargement	5
Other conditions	75
Total	314

C—**Dental Care.**

No dental care was provided during the year.

D—**Mother and Baby Homes.**

No provision of this nature is available in the Burgh.

E—**Day Nurseries.**

The Local Health Authority provides one Day Nursery, namely, the Rutherglen Children's Nursery, 41 Chapel Street, Rutherglen, the details of which are as follows:—

(1) The Day Nursery is not approved for training.

(2) Number of approved places:—

(a) 0-2 years of age	6
(b) 2-5 years of age	30

(3) Number of children on register at end of year:—

(a) 0-2 years of age	5
(b) 2-5 years of age	31

(4) Average daily attendances during year:—

(a) 0-2 years of age	5
(b) 2-5 years of age	27

(5) Waiting list at end of year:—

(a) 0-2 years of age	15
(b) 2-5 years of age	36

No Nurseries are provided by voluntary bodies, firms of manufacturers, or others.

The Nursery has continued to function satisfactorily during the year, the places have been fully taken up and the total number of attendances for the year was 7,006. There is a large waiting list.

Orange juice and cod liver oil are given to the children as a matter of routine.

The following cases of infectious disease occurred in the nursery during the year:—

Chicken-pox	23
Measles	13
Mumps	12
German Measles	12
Whooping Cough	6

F—Residential Nurseries.

There is no residential nursery in the Burgh.

G—Nurseries and Child-Minders Regulation Act, 1948.

With regard to Nursery Premises one application was received and one certificate was issued and in force at the end of the year. The number of children being cared for at the end of the year was 23. No inspection was made.

MIDWIFERY SERVICE

1. Total number of births occurring in Rutherglen Burgh during the year—before correction for mother's residence:—

Live births	117
Still births	3
	120

2. Number of births in (1) occurring in institutions (including private maternity homes)—Nil.

3. Total number of births in (1) occurring at home—120.

4. Number of births in (3) classified to show nature of attendance at birth:—

	Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947.			
	Doctor engaged and present at confinement.	Doctor engaged and not present at confinement.	Midwife alone—no doctor engaged.	Total
(a) Midwives employed by the Authority (including those on a fee-per-case basis engaged)	19	101	—	120
(b) Midwives employed by Voluntary Organisations under arrangements made by the Authority	—	—	—	—
(c) Midwives employed by Hospital Boards of Management under arrangements made by the Authority with the Regional Hospital Board ...	—	—	—	—
(d) Private practising midwives	—	—	—	—
(e) Total	19	101	—	120

There were no other domiciliary cases.

5. **Medical Aid.**

(a) Number of cases in which medical aid was summoned during the year under Section 22 (1) of the Midwives (Scotland), Act, 1915, by a midwife:—

(i) for Domiciliary Cases	—	Total
(ii) for Institutional Cases	—	—

(b) Number of cases in which medical aid was summoned during the year for cases where the medical practitioner had agreed to provide maternity medical services under the National Health Service 38

6. **Administration of Analgesics.**

	Total
(a) Number of midwives in practice in the area qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board for Scotland:—	
(i) Domiciliary	3
(ii) In Institutions	—
(b) Number of domiciliary midwives who received their training during the year	2
(c) Number of sets of apparatus for the administration of gas and air in use at 31st December, 1950, by domiciliary midwives employed by the Authority, or employed by Voluntary Organisations in the Authority's area	1
(d) Number of sets on order at 31st December, 1950	—
(e) Number of cases in which gas and air was administered by midwives in domiciliary practice during the year (including cases attended by hospital midwives undertaking domiciliary cases)	8
(f) Number of cases in which pethidine was administered by midwives in domiciliary practice during the year (including cases attended by hospital midwives undertaking domiciliary cases)	18

7. Number of cars in use by midwives at 31st December, 1950 Nil

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1. With reference to the Midwives (Scotland) Acts, 1915 and 1927, Maternity Services (Scotland) Act, 1937, and National Health Service (Scotland) Act, 1947, the statistics of births, deaths, etc., in the area during the year are shown in Table 2.

2. During the year no medical practitioners were called to cases of emergency under Section 22 of the Midwives (Scotland) Act, 1915.

3. The general working of the Acts is satisfactory.

TABLE 2.

Statistics of Birth, Deaths, etc., in the Area during the Year

ITEM		Total births occurring in the area (i.e., before corrections for address of mother are made)	*Domiciliary cases under Section 23 (2) of the National Health Service (Scotland) Act, 1947*			Other domiciliary cases attended by midwives (i.e., cases in which no doctor has been booked)	Cases attended by Midwives in Institutions	Cases not attended by Midwife or Doctor
			Doctor engaged and present at confinement	Doctor engaged but not present at confinement	Midwife alone (no doctor engaged)			
1. Births		120	19	101	—	—	—	—
2. Deaths of new-born children (within 14 days of birth)		2	—	1	—	1	—	—
3. Still-births (Dead born)		3	—	2	—	—	—	1
4. Cases of Ophthalmia Neonatorum		—	—	—	—	—	—	—
5. Puerperal Sepsis	Cases	1	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—
6. Puerperal Pyrexia ...	Cases	2	—	2	—	—	—	—
	Deaths	1	—	1	—	—	—	—

VISITATIONS BY HEALTH VISITORS DURING 1950

During the year the number of visits made by the Health Visitors, who are all employed by the Local Authority, was as follows:—

	Number visited for first time, excluding cases visited during previous year, and cases known to have previously been visited in another area.	Total Visits
1. Expectant mothers	199	523
2. Children under one-year of age ...	384	3255
3. Children (1-5 years)	13	5661
4. Tuberculosis cases	44	1345
5. Other cases:—		
(a) Visits to Infectious cases ...	584	654
(b) Visits in relation to old people, post - natal work, housing, home helps, etc. ...	—	699
Total number of visits		12137

It will be remembered that the scope of the Health Visitor's work was considerably increased by the National Health Service (Scotland) Act, 1947. Prior to the introduction of this Act the Health Visitor was primarily concerned with the domiciliary care of young children, expectant and nursing mothers, those suffering from tuberculosis, and the performance of duties at the Burgh Clinics. Now the scope of their work has been extended, and they may also be required to visit and advise regarding the care of any person who is ill, irrespective of age, and to recommend measures which will promote health and prevent the spread of infection. Consequently, the Health Visitor has a wide field to cover and is of the greatest value in maintaining a high level of community health.

HOME NURSING

The District Nurses continued to carry out, in the thoroughly efficient manner always associated with their work, their duties relating to Home Nursing. Thirty per cent. of their visits were to the aged sick and in this direction they were responsible for the alleviation of a considerable amount of suffering. The Home Nurses attended 283 cases during the year and the total number of visits was 5932. The demand for Home Nursing has been considerable and the good work carried out is reflected in the high value placed by the people of the Burgh on this service.

DOMESTIC HELP

1. Number of Domestic Helps employed at the end of the year—	
(a) Whole-time	6
(b) Part-time	9
(c) Retaining fee basis	—
2. Number of cases for which Helps were provided during the year	108
3. Number of cases in (2) provided on account of confinement:—	
(a) At home	26
(b) In hospital	11
4. Number of cases in (2) provided on account of illness of short duration (Seven of these cases were mothers responsible for the care of young children)	35
5. Number of elderly persons in (2) provided with Helps	36
6. Average period of assistance	23 days

During the year 33 per cent. of the Home Help Service was made available to the aged, the majority of whom were chronic sick. With an ageing population the demands from this group must increase with time and if it is assumed that the admission of the aged and infirm to hospital is to be regarded as a last resort, the Home Help Scheme must be increasingly directed to the elderly in need of such assistance. The great value of this service to the community is beyond doubt and the position of many aged persons would be dire in the extreme but for the splendid work of the Home Helps with, where the occasion demands it, the aid of the District Nurses, and the guidance of the Health Visitors.

VACCINATION AND IMMUNISATION

Vaccination.

1. Number of persons primarily vaccinated during the year:—

(a) Typical vaccinia greatest at 7th-10th day	313
(b) Accelerated (vaccinoid) reaction	10
(c) Reaction greatest at 2nd-3rd day	10
(d) No local reaction	19

2. Number of persons re-vaccinated during the year:—

(a) Typical vaccinia greatest at 7th-10th day	45
(b) Accelerated (vaccinoid) reaction	13
(c) Reaction greatest at 2nd-3rd day	8
(d) No local reaction	1

The number of persons primarily vaccinated during 1950 was 352. All were children under school age, but only 68 were infants. The number of persons re-vaccinated during the same period was 67.

With regard to the outbreak of smallpox in March 1950 which involved Glasgow and Hamilton a daily session for vaccination was introduced at the Public Health Clinic on Monday, 27th March, and by the end of that week 200 persons had been vaccinated. Owing to the ominous situation vaccination was carried out on Sunday, 2nd April, from 11 a.m. to 9 p.m. Thereafter, three sessions were held daily including Saturday and Sunday until Wednesday, 12th April, when the once daily session was re-introduced. The number of persons vaccinated at the Clinic during the period of emergency was 8,960. To this total there remains to be added 3,635 vaccinations carried out by the general practitioners. This gives a total of 12,595, of which 10,151 were performed on people resident within the Burgh.

Ten contacts were notified to the Public Health Department and all were examined daily. Three inspections were carried out on people normally resident in another area.

Three cases in which a suspicious rash developed were investigated. One was diagnosed as a case of glandular fever, another as measles and the third as a vaccinia rash. The latter case was a direct contact of a nurse who died from the disease.

I take this opportunity of recording the valuable and willing help given during the emergency by the general practitioners in the Burgh.

While the mass vaccination has given a satisfactory level of protection to the community it is nevertheless a disappointing fact that the number of infants undergoing routine vaccination is woefully small. The question which immediately arises is obvious: Is it wise to wait for an outbreak of smallpox to stimulate a rush for primary vaccination at the last moment of safety?

Immunisation.

The diphtheria immunisation campaign has been carried on during the year in a thoroughly efficient manner. Cinema slides, posters, leaflets, etc., have continued to be used as a means of publicity, but the greatest importance is attached to the intensive visiting of children in the one to five years age group by the Health Visitors. This direct approach to the individual family has given most encouraging results. When an infant attains the age of eight months the parent receives a letter offering immunisation free and pointing out the great value of the procedure. A further letter is sent for all immunised children to receive a reinforcing injection before going to school at the age of five years.

An immunisation session is held once each week in the Clinic premises.

The immunisation campaign waged so long and so well in the Burgh has met with marked success. Not one single case of diphtheria has occurred in the Burgh since 1948—a truly notable achievement. As I point out later, however, the campaign must be continued with unrelenting vigour. In the Clinic immunisation against diphtheria is never combined with that for whooping cough.

Number of Children under 5 years immunised in 1950	334
Estimated Percentage of Children Protected	71.8%
Number of Children given 3rd (maintenance) injection	122

TABLE 3

Monthly Incidence of Infectious Diseases, 1950

DISEASE	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total
Acute Poliomyelitis	—	—	—	—	—	1	1	1	—	—	—	—	3
Cerebrospinal Fever	1	—	—	—	1	—	—	—	—	—	—	—	2
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	2	1	1	1	2	—	—	—	—	7
Erysipelas	2	—	—	—	—	—	1	—	—	1	—	1	5
Infective Jaundice	—	—	—	—	—	—	—	—	—	1	—	—	1
Pneumonia	9	8	6	5	5	5	1	3	2	2	4	16	66
Puerperal Fever	1	—	—	—	1	—	—	—	—	—	—	—	2
Puerperal Pyrexia	1	1	1	—	—	—	—	—	—	—	1	—	4
Scarlet Fever	2	1	1	2	—	4	3	2	—	3	1	—	19
Typhoid Fever	—	—	—	—	—	1	—	—	—	—	—	—	1
Measles	—	27	80	63	108	53	12	5	—	—	—	3	351
Whooping Cough	—	2	2	1	4	3	—	1	4	20	49	37	123
TOTAL	16	39	90	73	120	68	19	14	6	27	55	57	584

INFECTIOUS DISEASES

During the year the department confirmed 584 cases of infectious disease excluding 33 cases in which the notification of infectious disease was not substantiated. Tuberculosis is not included in the above figure which shows a marked increase over the total of 429 recorded in 1949. This is accounted for by the considerable increase in the number of measles cases—an increase of 218 over the previous year.

100, or 17.1 per cent. of confirmed cases were treated in hospital and it should be noted in this connection that only two cases of measles received hospital care and all cases of whooping cough were treated at home.

Table 3 shows the monthly incidence of infectious diseases which occurred in 1950.

ACUTE POLIOMYELITIS.

Of the four cases notified one case was later diagnosed as tonsilitis. The three confirmed cases were mild in nature. All were admitted to hospital.

CEREBRO-SPINAL FEVER.

Five cases were notified and removed to hospital. In two of these cases the diagnosis was not confirmed.

DIPHTHERIA.

No case of diphtheria occurred during the year although 13 unconfirmed notifications were received. The last case of diphtheria noted in the Burgh was in 1948. This remarkable success in eradicating a deadly disease from the community is the reward for those who have furthered the immunisation campaign started in 1940. We must not, however, be lulled into a false sense of security and the immunisation campaign must be carried on with the greatest vigour.

DYSENTERY.

Of the 8 cases notified one was unconfirmed. Six patients were removed to hospital for treatment.

ENTERIC FEVER.

Three notifications were received but in two the diagnosis was not confirmed. The other was a case of true typhoid fever. All were admitted to hospital.

ERYSIPELAS.

Seven cases were notified, of which two were not confirmed. Four were treated in hospital.

INFECTIVE JAUNDICE.

One case occurred and received hospital treatment.

PNEUMONIA.

Of the 73 cases notified the diagnosis was not confirmed in 7 instances. Fifty-six cases were removed to hospital and there were 12 deaths. The highest incidence occurred in the winter months. Last year there were 50 cases, while the average for the last five years was 60.

PUERPERAL FEVER.

Two cases of puerperal fever were notified and removed to hospital.

PUERPERAL PYREXIA.

Four cases were notified and admitted to hospital.

SCARLET FEVER.

Twenty cases of scarlet fever were notified and of that number 18 received treatment in hospital. The diagnosis was not confirmed in one instance. This is the lowest number of scarlet fever cases ever recorded for any one year in the Burgh. Sixteen of the cases were school children, while the remainder were under five years of age. Last year there were 35 cases and the average for the last five years was 62. There was no epidemic prevalence and the cases were mild in character.

SMALLPOX.

No case was notified during 1950.

MEASLES.

The number of cases notified during the year was 351. This is a marked increase over the previous year when 133 cases were recorded and is well above the average of 255 for the last five years. The disease was most prevalent in the spring months. Of the total number of cases which occurred during the year 183 were children under school age. There were no deaths.

WHOOPING COUGH.

The number of cases notified was 123. The disease was most prevalent in the last three months of the year. The corresponding figure for 1949 was 187 and the average for the last five years was 117. There were no deaths.

Non-Notifiable Infectious Diseases.

Intimation was received concerning 37 cases of chicken-pox, 16 cases of mumps and 14 cases of German measles.

TUBERCULOSIS

TABLE 4

Deaths from Respiratory Tuberculosis, 1891-1950

	Number of Deaths	Mortality Rate per 1000 of Population	
1891 – 1895	173	2.74	
1896 – 1900	145	2.02	
1901 – 1905	116	1.39	
1906 – 1910	132	1.15	
1911 – 1915	114	0.89	
1916 – 1920	111	0.81	
1921 – 1925	89	0.72	
1926 – 1930	110	0.72	
1931 – 1935	85	0.66	
1936 – 1940	89	0.53	
1941	14	0.57	0.72
1942	15	0.63	
1943	17	0.73	
1944	20	0.86	
1945	19	0.82	
1946	20	0.81	0.73
1947	19	0.74	
1948	18	0.71	
1949	20	0.79	
1950	15	0.61	

Table 4 shows that apart from the rise during and after the second World War to the level of the 1920's the tuberculosis mortality has markedly declined since 1891. While the rise in mortality during the last decade is no doubt directly related to conditions associated with the war, the progressive fall in the tuberculosis mortality since 1891 requires some explanation. It is to be noted that the returns for all Scotland show that the tuberculosis mortality rate has actually been declining since 1861. To what can this progressive decline in mortality be ascribed? Some would have it that the sole or main reason is to be found in social and economic advancement coupled with medical and public health measures directed against the disease. The difficulty here is that the downward trend seems to have commenced prior to the introduction of these factors. Thus there are others who, while appreciating the great value of the anti-tuberculosis measures in the fight against the disease, consider that tuberculosis has been undergoing a slow natural remission over many generations. Some, in fact, regard the country as being in the final stage of a protracted "epidemic" of tuberculosis. This theory of an epidemic wave of tuberculosis is further elaborated by H. W. Hill(1) who sees tuberculosis as a disease impinging on the population of a country in successive waves, perhaps a century apart, the rise and fall of the wave being directly related to the increase and decrease in racial susceptibility.

(1) Am. Rev. Tuberc., 1931, 24: 340.

The Burgh's mortality rate of 0.61 for 1950 is an improvement. 1941 is the most recent year in which a lower rate was recorded, namely 0.57. The lowest mortality rate ever recorded for pulmonary tuberculosis in any one year was 0.51 in 1939. With regard to non-respiratory tuberculosis two deaths occurred during 1950. One was a case of renal tuberculosis in a female aged 35 years, while the other was a case of tuberculous meningitis in a male aged 3 years.

It is to be remembered that pulmonary tuberculosis as it is found in this country is an example of a chronic disease with problems peculiar to itself which render all statistical data at the best successful approximations. It is, for example, impossible to give a true fatality rate for the Burgh. It may be stated, however, that during the ten years period 1941 to 1950 there were 507 confirmed cases of pulmonary tuberculosis and of that number 177, or 34.9 per cent., are now dead.

TABLE 5

Number of Cases Confirmed as Suffering from Tuberculosis—1950

	AGE GROUPS									
	Under 1	1 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	Total
Respiratory:										
Male	—	—	—	1	9	—	2	3	1	16
Female	—	—	—	3	11	3	2	—	1	20
Total	—	—	—	4	20	3	4	3	2	36
Non-Respiratory:										
Male	—	1	—	1	—	—	—	—	—	2
Female	—	1	—	2	1	—	1	—	—	5
Total	—	2	—	3	1	—	1	—	—	7

Forty-three new cases of tuberculosis were confirmed during the year (Table 5). The 36 cases of pulmonary tuberculosis show a decrease of 16 compared with the 1949 figure, and the 7 non-respiratory cases of tuberculosis represent an increase of 5. Twenty, or 55 per cent. of the cases of pulmonary tuberculosis occurred in the 15 and under 25 age group.

The number of confirmed cases of tuberculosis (all forms) known to be resident within the Burgh at the end of the year was 285, of which 244 were cases of pulmonary tuberculosis.

At the end of 1950 there were 285 persons on the tuberculosis register and 244 of these cases suffered from pulmonary tuberculosis.

Table 6 shows the age distribution of the clinical onset of disease in the 507 cases of pulmonary tuberculosis confirmed during the ten-year period 1941 to 1950.

TABLE 6

	Under 5 years	5-9	10-14	15-24	25-34	35-44	45-64	65 and over	Total
Male ...	17	24	12	80	31	41	44	9	258
Female ...	20	16	13	124	47	19	8	2	249
Total ...	37	40	25	204	78	60	52	11	507

Both males and females are especially vulnerable to pulmonary tuberculosis between the ages of 15 and 24 years, and females are more susceptible than males. While in the case of females there is a rapid fall on either side of this peak age group, in males the higher age groups continue to produce a relatively large number of cases. According to Pinner (2) the onset of clinical lung tuberculosis in men in the older age groups represents an exacerbation of pre-existing tuberculosis and not an infection newly contracted.

The notification of cases of pulmonary tuberculosis were scattered throughout the various months of 1950 with no special emphasis on any one month.

The distribution of new cases of tuberculosis, in which the diagnosis has been confirmed, over the various wards in the Burgh during the year 1950 is shown in Table 7. Shawfield ward gives the highest return both for pulmonary and non-pulmonary tuberculosis.

TABLE 7

Wards	Pulmonary Tuberculosis 1950	Non-Pulmonary Tuberculosis 1950
Castle	3	0
Crosshill	3	1
Gallowflat	6	1
Greenhill	7	1
Shawfield	13	3
Stonelaw	4	1
Total	36	7

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(2) Pinner, Max: "Pulmonary Tuberculosis in the Adult." Charles C. Thomas. Illinois, 1945.

Table 8 shows that during the decade under review Shawfield ward returned the largest number of cases of pulmonary tuberculosis. Gallowflat took second place and was followed closely by Greenhill and Castle wards. The most favourable wards were Crosshill and Stonelaw, especially Crosshill if the ratio of cases to ward population is taken into consideration.

TABLE 8

Respiratory Tuberculosis, 1941-1950

	No. of Cases	No. per 1,000 of Ward Population
Castle	67	21.7
Crosshill	45	8.2
Gallowflat	97	25.4
Greenhill	71	21.8
Shawfield	188	33.8
Stonelaw	39	11.1
Total	507	

The number of cases with their home residence in the area who received treatment in sanatoria or other institutions during the year is shown in Table 9.

TABLE 9

		NUMBER OF PATIENTS					
		In Institutions on January 1	Admitted during the year	Discharged during the year	Died in the Institutions †		In Institutions on December 31
Respiratory—		(1)	(2)	(3)	(4)	(5)	(6)
*Adults	Male	17	11	13	2	1	12
	Female	6	13	6	1	1	12
Children	Male	3	2	5	—	—	—
	Female	1	1	1	—	—	1
Non-respiratory—							
Adults	Male	3	1	2	—	—	2
	Female	2	2	—	—	—	4
Children	Male	1	2	1	—	—	2
	Female	2	2	2	—	—	2
TOTAL		35	34	30	3	2	35

† In column (4) are shown those who were in final residence 28 days or over. In column (5) are shown those who were in final residence under 28 days.

* All patients of 15 years and upwards are classed as adults.

B. C. G.

During the year no vaccinations were performed with B.C.G. The number of contacts tuberculin tested under the B.C.G. Scheme was 159, and the results of the tests are as follows:—

	Males	Females
Positive	25	18
Negative	56	60

CARE AND AFTER-CARE

Visitations by Health Visitors	1345
Attendances at Dispensary	2161
Patients granted free milk	261

The Town Council is most progressive and sympathetic in its considerations of the ways and means of alleviating the hardships which the occurrence of tuberculosis in a household brings about and the following is a short account of the services provided by the local authority.

Health Visitors carry out a comprehensive scheme of home visitations—this year 1345 visits were paid to tuberculous households. These visits are carried out regularly by the staff and their advice and help is always available to meet any problems which may arise. In addition anyone suffering from tuberculosis may see and have a private consultation with the Medical Officer of Health at any time at the Public Health Department, and the latter personally visits domiciliary cases unable to attend the tuberculosis dispensary.

The Home Help service is available where indicated, and home nursing is given as required.

Necessary equipment is made available permanently or by way of loan. Two cases during the year each received a single bed with bedding in order that the tuberculous person, who might otherwise not have done so, could sleep alone.

In addition to the usual priority foods to which these cases are entitled those attending at the tuberculosis dispensary receive free issues of 1 pint of T.T. or certified milk per day during the active phase of the disease, and sometimes even beyond that period. The issue terminates when the person commences work. On behalf of the Regional Hospital Board vitamins in one form or another are issued at the dispensary.

The liaison between the Regional Hospital Board and the Public Health Department is a close and thoroughly co-ordinated one—a unity which will be further enhanced when the Chest Unit of the Regional Hospital Board commences to function within the Clinic premises. This Unit, while serving not only the Burgh but also a large part of the County, will enable contact tracing and checking, which has always been thoroughly carried out, to be performed with even greater facility.

The rehousing of tuberculous patients, especially those with tubercle bacilli in their spit has been carried out to such good purpose that the number of cases with positive spit who require rehousing is only three.

The Public Health Department is ever mindful of the inestimable value of the Disabled Persons Register, and tuberculous persons are encouraged and advised to see that their names appear in that register. Good work is done here, but it must be realised that the rehabilitation of those suffering from tuberculosis is an inherently difficult problem. Are there not employers hesitant to engage and fellow-workers reluctant to work alongside ex-patients? Business and industry must be educated to the necessity for re-employing cases following treatment. Brieger (3) in a classic report, stressed the close relationship between rehabilitation and the entire background of industrial economics. He emphasised the fact that the future outlook for the adequately treated patient is largely dependent on the post-sanatorium conditions under which those who leave sanatoria must live. He concluded that rehabilitation is an inherent part of treatment. It is obvious, therefore, that rehabilitation of the tuberculosis subject is a matter of major importance and is only achieved when the individual is in optimal physical condition, established and well adjusted in suitable work. This is only attained when physicians and rehabilitation workers co-ordinate their work, understand each other's task and their common aim.

(3) Brieger, E: After-care and rehabilitation, Brit. J. Tuber., Suppl., October, 1933.

HEALTH EDUCATION

In co-operation with the Scottish Council for Health Education arrangements were made for eleven local meetings to be shown health films, and be given a talk on health topics. Members of the Health Visiting staff addressed six of these meetings, and Doctors from the Health Council's panel of lecturers spoke at the other five.

The Supervisor of Health Visitors has given the usual short course on Mothercraft to the leaving-age group of girls in one of the local schools.

Displays of posters, distribution of leaflets and other health propaganda literature were continued.

MENTAL HEALTH SERVICES

(1) Mental Disorder.

At 1st January, 1950, there were 74 cases of lunacy on the roll of the Burgh. During the year 13 new cases were added to the list; 3 died, while 10 recovered and were discharged, leaving a total of 74 who are being cared for in mental institutions. Seven of the cases entered mental hospitals as voluntary patients. Of the cases receiving institutional treatment 70 are in Hartwood Mental Hospital, 3 in Kirklands Institution, and one in Glasgow Royal Mental Hospital.

(2) Mental Deficiency.

At 1st January, 1950, there were 25 cases of mental deficiency on the roll of the Burgh. During the year two new cases were added and two removed, leaving a total of 25 who are being dealt with as follows:—

(a) In institutions:—

	M.	F.	Tl.
Kirklands Institution for mental defectives	3	3	6
Birkwood Institution for mental defectives	4	1	5
Larbert Institution for mental defectives	1	–	1
St. Joseph's Institution for mental defectives	1	–	1
	9	4	13

(b) Under guardianship in private dwellings:—

	M.	F.	Tl.
Boarded out in private dwellings - -	7	5	12

The age distribution of the 25 cases suffering from mental deficiency is as follows:—

								Sex		
2-10	11-15	16-21	22-30	31-40	41-50	51-60	60+	M.	F.	Total
3	1	5	7	2	4	2	1	16	9	25

BLIND PERSONS ACT 1920

At 1st January, 1950, the total number of blind persons registered in the Burgh was 23. Seven new cases were registered during the year, while there was one death and one removal to another area, leaving a total of 28 cases on the register at 31st December, 1950. Four males are employed in the Glasgow Royal Asylum for the Blind, and two as music teachers. There are no females in employment.

The blind persons fall in the following age groups:—

	18-29	30-39	40-49	50-69	70 and over	Total
Male	—	4	2	6	3	15
Female	1	1	—	4	7	13
	1	5	2	10	10	28

WELFARE SERVICE

(a) Residential Accommodation.

During the year eight persons were provided with residential accommodation outwith the Burgh as follows:—

	AGE GROUPS							Total		Total
	20-30	31-40	41-50	51-60	61-70	71-80	81 & over	M.	F.	
Forresthall, Glasgow.	—	—	1	—	—	—	—	—	—	1
Crookston Homes, Glasgow.	—	—	—	—	—	1	1	—	2	2
Avon Lodge, Motherwell.	—	—	—	—	1	1	—	1	1	2
Auchenbogie House, Port-Glasgow.	—	—	—	1	—	—	—	1	—	1
Eventide Home, Burnside.	—	—	—	—	—	1	1	—	2	2
	—	—	1	1	1	3	3	2	6	8

(b) Registration and Inspection of Disabled or Old Persons Homes.

No action was taken under this heading.

(c) Removal of Persons in Need of Care and Attention.

No action was taken under this heading.

(d) Care of Property.

No action was taken with regard to the care of property during the year.

(e) Interments.

The Welfare Department arranged for the interment of a woman, and the expenses were recovered from the Ministry of National Insurance.

FACTORIES ACTS, 1937 AND 1948
INSPECTIONS

Premises	Number on Register	Number of Inspections	Number of Notices		Occupiers prosecuted
			Written	Verbal	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13	14	—	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	102	164	—	30	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority† (excluding out-workers' premises)	9	16	—	2	—
TOTAL	124	194	—	38	—

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† i.e. Electric Stations [Section 103 (1)], Institutions. (Section 104) and sites of Building Operations and Works of Engineering Construction (Section 107 and 108).

The following Table gives particulars regarding cases in which Defects were found:—

Particulars	Number of cases in which defects were found			
	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Want of Cleanliness (S.1.)	25	25	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)—				
(a) Insufficient	—	—	—	—
(b) Unsuitable or defective	2	2	—	—
(c) Not separate for sexes	3	2	—	—
Other offences against the Act (not including offences relating to Outwork)	8	7	—	—
TOTAL	38	36	—	—